

Phone (207) 785-3658

P.O. Box 186
Union, Maine 04862

TOWN OF UNION

Office of Selectmen, Assessors, Town Clerk, Tax Collector and Treasurer

ROBERT H. & ELEANOR S. HEALD SCHOLARSHIP TRUST

MINIMUM REQUIREMENTS:

1. Student must be a current resident of the Town of Union for at least two years.
2. **Student is a graduating High School Senior.**
3. Preference is to be given, but not limited, to those pursuing higher education in a four-year college program and who demonstrate financial need.
4. Include a statement of personal and academic goals beyond graduation from High School.
5. Include a personal statement of your need for financial assistance. Be as specific as possible.
6. A minimum of **three** letters of recommendation (non-relatives) are to be submitted with the application. **One** should be from the **academic community** and **two** others should be from **adults outside** of the academic community.
7. High School course transcript must be submitted with application.

DEADLINE FOR SUBMISSION **MAY 15**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

LATE APPLICATIONS WILL NOT BE CONSIDERED.

NOTE: Awards are made during second semester each year to post-secondary students. Student must provide evidence of matriculation at a post-secondary school and submit to the Town a letter from the college or university verifying enrollment in second semester.

ALL APPLICATIONS ARE TO BE DELIVERED OR MAILED IN A SEALED ENVELOPE TO:

Robert & Eleanor Heald Scholarship Trust
Town of Union Scholarship Committee
P. O. Box 186
Union, Maine 04862

APPLICATION

ROBERT H. & ELEANOR S. HEALD SCHOLARSHIP TRUST

Date Submitted: _____

Applicant's Full Name: _____

Address: _____

Date of Birth: _____ Social Security Number _____

Name of Parent(s)Guardian(s): _____

Address: _____ Telephone: _____

High School Senior, Class of _____ Course: _____

Standing in Class _____ of _____ (class size) (End of third quarter, Senior Year)

What College do you plan to attend? _____

Give COMPLETE NAME, ADDRESS and ZIP CODE of the Educational Institution you plan to attend: _____

Have you been accepted as a full-time student? _____

What is the anticipated College expense for one year?

Tuition _____

Room and Board _____

Books _____

Transportation _____

Other _____

Total Expenses _____

On a separate sheet of paper, please include the following with your application:

1. A statement of your personal academic goals beyond graduation from High School.
2. A personal statement of your need for financial assistance. Be specific as possible.
3. A minimum of **three** letters of recommendation (non-relatives) are to be submitted with the application. **One** should be from the academic community and **two** others should be from **adults outside** the academic community.

All information will be confidential and shared only by the designated members of the Robert and Eleanor Heald Scholarship Trust/Fund.

Revised February 2005 & Revised August 2008